EXHIBIT A Sixteen (16) Pages

Exhibite 300-apglocs-PK Pocument 29-20 Filled 09/28/10 Page 2 of 17 Page ID#: 89

Acupuncture & 1

10541 SE Cherry Blossom Drive Phone: (503) 253 - 3443 | 1

www.ocom

OREGON COLLEGE OF ORIE 10525 SE CHERRY BLOSSOM PORTLAND, OR 97216

05/07/2008

Page: 1

Patient: Natache D. Guirma 5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

<u>Instructions:</u> Complete the patient information portion of your insurance claim the claim. If you have a deductible policy, hold your claim forms

Date Description Procedu UG.HER 5/7/2008 Granule Herbs [G] Credit/Debit Pay- Thank You 14A.CR 5/7/2008

CREDIT CARD MC SALE

XXXXXXXXXXXXXXXX1016 CARD # 0004 INVOICE 000460 Batch #: 039909 Approval Code: Manual Entry Method: Online Approved:

Avs Code: YYY

Merchant ID:

Terminal ID: 356168831887

SALE AMOUNT

Charge \$18.08

10:13:32

00763947

000000000556443

18.08 -18.08

rtaining to

e carrier.

5/7/2008

CUSTOMER COPY

HERBS ARE NON-REFUNDABLE

Total Account Balance:

Provider Information	
Provider Name: OCOM	
License:	
SSN or EIN: 930845182	

Total Charges:	\$ 18.08
Total Payments:	-\$ 18.08
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00

\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Exhibite Bo-R31065-PK ReCon College of Filed 09/28/10 Page 3 of 17 Page ID#: 90

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

Page: 1



Patient:	Natache D.	Guirma
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5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
5/13/2008	Granule Herbs [G]	UG.HERBS	1	8.74
5/13/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-8.74

HERBS ARE NON-REFUNDABLE

Provider Information Provider Name: OCOM License: SSN or EIN: 930845182

Total Charges: \$8.74 Total Payments: -\$ 8.74 Total Adjustments: \$ 0.00 Total Due This Visit: \$ 0.00 Total Account Balance: \$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:



Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

'age: 1

5/15/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
5/15/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
5/15/2008	Granule Herbs [G]	UG.HERBS	1	43.85
5/15/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-48.85

HERBS ARE NON-REFUNDABLE

Provid	ler l	ntor	mat	ion

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges:	\$ 48.85
Total Payments:	-\$ 48.85
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Exhibit Books 1065-PK Document 29-2, Filed 09/28/10 Acupuncture &

10541 SE Cherry Blossom Driv

Phone: (503) 253 - 3443 06/05/2008 www.oco Merchant ID:

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DEBIT CARD

EDS SALE

CUSTOMER COPY

Page 5 of 17

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Page ID#: 92



ER

'age: 1

Patient: Natache D. Guirma

5731 NE 1th Ave Portland, OR 97211

Chart #: GUINA000

Case #:33199

CARD # INVOICE Batch #: Approval Code: Entry Method:

Terminal ID:

84014878

XXXXXXXXXXXXX1016 0013 000485 430411 Swiped

s pertaining to cance carrier.

-46.87

<u>Instructions:</u> Complete the patient information portion of your insurance cla the claim. If you have a deductible policy, hold your claim fo

Date	Description	Proc
6/5/2008	Herbal Clinic Office Visit, Return	H2.9
6/5/2008	Granule Herbs [G]	UG.
6/5/2008	Credit/Debit Pay- Thank You	14A'

SALE AMOUNT

Approved:

\$46.87 Charge 5.00 1 1 41.87

1

Online

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges:	
Total Payments:	

\$46.87 -\$ 46.87

Total Adjustments:

\$ 0.00

Total Due This Visit:

\$ 0.00

Total Account Balance:

\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

Page: 1



Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure			Units	Chatge 🕶
6/20/2008	Granule Herbs [G]	UG.HERBS		ge.	1	42.22
6/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT		**	1	-42.22

Provider Information	
Provider Name: OCOM	
License:	
SSN or EIN: 930845182	

Total Charges:	\$ 42.22
Total Payments:	-\$ 42.22
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Exhibase 30-pg01065-PK Document 29-2 Filed 09/28/10 Page 7 of 17 Page ID#: 94

Acupuncture & Herbal Clinic

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Page: 1

7/2/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2

2.

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4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/2/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
7/2/2008	Granule Herbs [G]	UG.HERBS	1	23.10
7/2/2008	Cash Payment - Thank You	12A.CASH	1	-28.10

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges:	\$ 28.10
Total Payments:	-\$ 28.10
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

Page: 1

7/8/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

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4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/8/2008	Granule Herbs [G]	UG.HERBS	1	23.10
7/8/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-23.10

Provider Information	
Provider Name: OCOM	
License:	
SSN or EIN: 930845182	

Total Charges:	\$ 23.10
Total Payments:	-\$ 23.10
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

Exhibit 350-opg1065-PK Document 29-2 Filed 09/28/10 Page 9 of 17 Page ID#: 96

Acupuncture & Herbal Clinic

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age: 1

7/16/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

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4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/16/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
7/16/2008	Granule Herbs [G]	UG.HERBS	1	49.08
7/16/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-54.08

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges:	\$ 54.08
Total Payments:	-\$ 54.08
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

ExhGene 3 10-cpo 1065-PK Document 29-2 Filed 09/28/10 Page 10 of 17 Page ID#: 97 OREGON COLLEGE OF OR Acupuncture & H

10541 SE Cherry Blossom Drive $\,\,$

Phone: (503) 253 - 3443 | Fa

33 - 3443 | Fa 07/30/2008 www.ocom. 6 Merchant ID: PORTLAND, OR 97216 15:11:10

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Page: 1

Terminal ID: 356168831887

Patient: Natache D. Guirma

5731 NE 1th Ave Portland, OR 97211

Chart #: GUINA000 Case #:33199

<u>Instructions:</u> Complete the patient information portion of your insurance claim the claim. If you have a deductible policy, hold your claim forms

Date	Description	Procedu
7/30/2008	Herbal Clinic Office Visit, Return	H2.9921
7/30/2008	Granule Herbs [G]	UG.HEI
7/30/2008	Credit/Debit Pay- Thank You	14A.CR

CREDIT CARD VISA SALE

10525 SE CHERRY BLOSSOM

CARD # XXXXXXXXXXXX5952
INVOICE 0053
Batch #: 000531
Approval Code: 101809
Entry Method: Swiped Approved: Online c carrier.

SALE AMOUNT \$55.90 Charge

TAX AMOUNT \$0.00 5.00

50.90
-55.90

TOTAL AMOUNT \$55.90

CUSTOMER COPY

Provider Information		
Provider Name: OCOM		
License:		
SSN or EIN: 930845182		

Total Charges:	\$ 55.90
Total Payments:	-\$ 55.90
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

065-PK Document 29-2 Filed 09/28/10 Page 11 of 17 Page ID#: 98

cupuncture & Herbal Clinic

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herry Blossom Drive | Portland, Oregon 97216 ie: (503) 253 - 3443 | Fax: (503) 251 - 2092

	10525 SE CHERRY BLOSSOM
	PORTLAND, OR 97216
3/11/2008	

18:42:00

000000000556443 00763947

erminal ID: 56168831887

erchant ID:

CREDIT CARD

VISA SALE

ARD # IVOICE atch #: 000542 oproval Code: itry Method:

pproved: Online **ALE AMOUNT**

\$27.65 **AX AMOUNT** \$0.00

OTAL AMOUNT \$27.65

XXXXXXXXXXXX5952 0064

134114 Manual

of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to y, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Diagnoses: 1.0.0

2.

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Procedure	Units	Charge
UG.HERBS	1	27.65
14A.CREDIT	1	-27.65

ASK PRACTITIONER

CUSTOMER COPY

Provider Information	
Provider Name: OCOM	
License:	
SSN or EIN: 930845182	

Total Charges:	\$ 27.65
Total Payments:	-\$ 27.65
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 0.00
Total Account Balance:	\$ 0.00

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

PK Document 29-2 Filed 09/28/10 Page 12 of 17 Page ID#: 99 OREGON COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

'age: 1

8/20/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge	
8/20/2008	Herbal Clinic Office Visit, Return	H2.99215	1	7.00	
8/20/2008	Granule Herbs [G]	UG.HERBS	1	53.25	
8/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.25	

HERBS ARE NON-REFUNDABLE

Provider Name: OCOM	[
NPI: 141710	303
SSN or EIN: 930845	182

Total Charges: \$ 60.25 Total Payments: -\$ 60.25 Total Adjustments: \$ 0.00 **Total Due This Visit:** \$ 0.00 Total Account Balance: \$ 0.00

Pati

Insured's Name:	Insured's ID#:
Insured's Signature:	Date:

DOGS-PK Document 29-2 Filed 09/28/10 Page 13 of 17 Page ID#:
OREGON COLLEGE OF OFFICENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

age: 1

Insured's Signature:

10/2/2008

Patient:	Natache D	. Guirma
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5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
10/2/2008	Herbal Clinic Office Visit, Return	H2.99215	1	7.00
10/2/2008	Granule Herbs [G]	UG.HERBS	1	53.85
10/2/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.85

HERBS	ADE	NIOI	NI I	DEEL	INID	ARI	Τ
	AIXE	$\pm NCDI$	I N - 1	XET U	JIVD.	ADL	JŁ

Date:

Provider Information	Total Charges:	\$ 60.85
Provider Name: OCOM	Total Payments:	-\$ 60.85
NPI: 141710303	Total Adjustments:	\$ 0.00
SSN or EIN: 930845182	Total Due This Visit:	\$ 0.00
	Total Account Balance:	\$ 0.00
atient Phone		
nsured's Name:	Insured's ID#:	

Exhibit Bocument 29-2 Filed 09/28/10 Page 14 of 17 Page ID#:
OREGON COLLEGE OF PRIENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

age: 1



Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Diagnoses: 1, 0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
11/6/2008	Granule Herbs [G]	UG.HERBS	1	60.60
11/6/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.60

HERBS A	RE N	NON-	REFU	IND.	ABL	Æ
---------	------	------	------	------	-----	---

Provider Information	
Provider Name: OCOM	
NPI: 141710303	
SSN or EIN: 930845182	

Total Charges: \$ 60.60 Total Payments: -\$ 60.60 Total Adjustments: \$ 0.00 Total Due This Visit: \$ 0.00 Total Account Balance: \$ 0.00

Patient Phone

nsured's Name:	Insured's ID#:

Insured's Signature:

Date:

OCOM Acupuncture & Herbal Clinic 10541 SE Cherry Blossom Drive Portland, OR 97216

Natache D. Guirma 5731 NE 1th Ave Portland, OR 97211

Chart #: GUINA000

Case #:33199

Date	Description	Procedure	Diag.1 Diag.	2 Units	Charge
11/20/2008	Herbal Clinic Office Visit, Return	H2.99215	0.0	1	7.00
11/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT		1	-7.00
11/20/2008	Herbal Clinic Office Visit, Return	H2 99215	0.0	1	0.00
11/20/2008	Granule Herbs [G]	UG.HERBS	0.0	1	60.60
11/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT		1	-67.60

HERBS ARE NON-REFUNDABLE

-iovider iiiioiiiiatioii		
Provider Name:	ОСОМ	
License:		
Insurance PIN:		
SSN or EIN:	930845182	

Total Charges: \$ 67.60

Total Payments: -\$ 74.60

Total Adjustments: \$ 0.00

Total Due This Visit: -\$ 7.00

Total Account Balance: -\$ 7.00

Insured's Name	you have \$7.00 Credit
Insured's Signature	Date

Exhibits 3:10 Pot 065-PK Document 29-2 Filed 09/28/10 Page 16 of 17 Page ID#:

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216 Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092 www.ocom.edu

Page: 1

12/8/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Insured's Signature: ____

Case #:33199

Diagnoses: 1.0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
12/8/2008	Granule Herbs [G]	UG.HERBS	1	64.75
12/8/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-64.75

HERRS ARE NON-REELINDARIE

Date:

	TIERDS ARE NON-REPONDADEL
Provider Information	Total Charges: \$ 64.75
Provider Name: OCOM	Total Payments: -\$ 64.75
NPI: 141710303	Total Adjustments: \$ 0.00
SSN or EIN: 930845182	Total Due This Visit: \$ 0.00
	Total Account Balance: \$ 0.00
Patient Phone	
Insured's Name:	Insured's ID#:

Exhibit Case 3:10-cv-0:1065-PK Document 29-2 Filed 09/OREGON COLLEGE OF QRIENTAL Acupuncture & Herbal C 10541 SE Cherry Blossom Drive Portland Phone: (503) 253 - 3443 Fax: (503) 253			10525 SE CHERRY BLOSSOM PORTI AND OR 97216			
ge: 1		www.ocom.edu	Merchant ID: Terminal ID: 356168831887	00000000055644 0076394	13 8	
Patient: Natache D. Guirma 5731 NE 10th Ave Portland, OR 97211 Chart #: GUINA000 Case #:33199			CREDITION VISA CARD # INVOICE Batch #: Approval Code:	SALE XXXXXXXXXXXXX595 000 00064	04 15	
Instructions: Complete the patient information portion of your insurance claim form. Attacthe claim. If you have a deductible policy, hold your claim forms until your		Entry Method: Approved: Avs Code: NYZ	163014 Manual Online	al		
Date	Description	Procedure	SALE AMOUNT	\$103.0	ስ <u>:</u> በ .	
12/16/2008 12/16/2008 12/16/2008	Granule Herbs [G] Shipping and Handling [HD] Credit/Debit Pay- Thank You	UG.HERBS POSTAGE 14A.CREDIT	TAX AMOUNT	\$0.0	0)	
			TOTAL AMOUNT	\$103.0	0	
			CUSTOME	ER COPY		
			HERBS ARE	non-refundal	3LE	
	Provider Information		Tot	al Payments: -\$ 1	03.00 03.00	
Prov	vider Name: OCOM NPI: 141710303			,	\$ 0.00	
	SSN or EIN: 930845182				\$ 0.00 \$ 0.00	
Patient Phor	ne					
Insured's Na	me:		Insured's ID#:			
Imaumo d'a Sia	nature:		Date:			